PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE BETHER APPENDED FOR DATE DOTTED LINE SENDER: COMPLETE THIS SECTION CV-0031 COMPLETE THIS SECTION ON DELIVERY FILED 07/02/2004 A. Signature Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. X ☐ Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, D. is delivery address different from Item? or on the front if space permits. 1, Article Addressed to: If YES, enter delivery acress below & No 3. Service Type Certified Mail Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7003 0500 0002 0889 9438 (Transfer from service label) 102595-02-M-1540 P\$ Form 3811, August 2001 Domestic Return Receipt